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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155620 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 12/13/2012 | |
| NAME OF PROVIDER OR SUPPLIER ZIONSVILLE MEADOWS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 675 S FORD RD ZIONSVILLE, IN 46077 | | | |
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| F0000 | <p>This visit was for the Investigation of Complaints IN00119582 and IN00120706.</p> <p>Complaint IN00119582 substantiated no deficiencies related to the allegations are cited.</p> <p>Complaint IN00120706 substantiated, Federal/State deficiencies related to the allegations are cited at F282 and F323</p> <p>Survey dates: December 11, 12, 13, 2012</p> <p>Facility number: 000538 Provider number: 155620 AIM number: 100267290</p> <p>Survey team: Connie Landman RN TC</p> <p>Census bed type: SNF: 15 SNF/NF: 148 Residential: 67 Total: 230</p> <p>Census payor type: Medicare: 19 Medicaid: 94 Other: 117 Total: 230</p> | | | F0000 | <p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>This Provider respectfully requests that the 267 plan of correction be considered as the letter of credible allegation and request a desk review on or after January 12, 2013</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| | <p>Sample: 6</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12/16/12 Cathy Emswiller RN</p> | | | | | | |

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| F0282 SS=D | <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who were assessed as a fall risk had bed and/or chair alarms for 2 of 4 residents reviewed for falls in a sample of 6 (Residents B and F).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 12/11/12 at 1:30 P.M.</p> <p>Current diagnoses included, but were not limited to, dementia, hypertension, non-insulin dependent diabetes mellitus, gastroesophageal reflux disease, dementia with delusions and agitation, fall with complaints of pain.</p> <p>A Fall Risk Assessment, dated 12/3/12, indicated Resident B was a fall risk and to proceed to the care plan.</p> <p>The December, 2012, Recapitulation of Physician Orders indicated the resident was to have a pressure sensor alarm to the bed to alert staff of unassisted rises, originally dated 1/27/11.</p> | | F0282 | <p>I. Alarms were placed on both Resident B and Resident F's bed and wheelchairs. Care plans and CNA assignment sheets for both residents were reviewed to ensure all indicated fall prevention interventions were in place.</p> <p>II. All residents will have new fall risk assessments completed. Care plans and interventions will be updated accordingly for all those who trigger as a fall risk. Chart audits and resident observations will be completed by the Director of Nursing Services or designee to ensure all physician orders regarding bed and chair alarms are present and being followed.</p> <p>III. Fall risk assessments will be completed at a minimum of quarterly and with significant condition changes. Care plans will be updated with all new interventions. CNA assignment sheets will also be updated with all fall interventions. All nursing staff will be re-educated on the facility's fall management program on 12/31/12. Education will be</p> | | 01/12/2013 | |

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| | <p>A health care plan, dated 12/6/12, indicated a problem of falls. Interventions included, but were not limited to, bed alarm sensor.</p> <p>During an observation of Resident B in bed on 12/12/12 at 10:45 A.M., while he was in bed, there was no alarm present on his bed.</p> <p>During an interview with LPN #1 on 12/12/12 at 1:30 P.M., the resident was again observed, and an alarm was not in place. LPN #1 indicated she did not know where his alarm was.</p> <p>2. The record for Resident Fé was reviewed on 12/13/12 at 10:00 A.M.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, seizures, aphasia, hearing loss, panic disorder, thrombocytopenia, dementia, and depressive disorder.</p> <p>A Fall Risk Assessment, dated 11/28/12, indicated the resident was a fall risk and to proceed to the care plan.</p> <p>The December, 2012, Recapitulation of Physician Orders included an undated order for a pressure alarm to bed and wheel chair at all times.</p> | | | | <p>provided by the Staff Development Coordinator. All falls will be reviewed by the IDT team the following business day to ensure appropriate interventions are in place. Nurse Managers or designees will review those residents with fall interventions listed daily to ensure all interventions are in place per the plan of care.</p> <p>IV. Unit Managers or designee will complete the Fall Management Continuous Quality Improvement tool weekly for four weeks, monthly for six months and then per the normal facility CQI schedule. All areas of noncompliance will be corrected immediately upon identification. Director of Nursing Services will review the findings from the Continuous Quality Improvement tool weekly to ensure corrective action has been completed. All completed Fall Management Continuous Quality Improvement tools will be reviewed by the IDT team at the facility's monthly CQI meeting. Should the compliance rate fall below a 95% compliant threshold, systematic corrective actions will be put in place at that time.</p> | | |

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| | <p>A health care plan, dated 7/3/12, indicated a problem of falls. Interventions included, but were not limited to, pressure alarm to bed and pressure alarm to wheel chair. Both dated 3/5/12.</p> <p>During observation of Resident F on 12/12/12 at 1:00 P.M., and again 12/13/12 at 11:00 A.M., chair sensor alarm was present and working. Observation of Resident F's room and bed lacked the presence of a bed alarm.</p> <p>This federal tag relates to complaint IN00120706.</p> <p>3.1-35(g)(2)</p> | | | | | | |

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| F0323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, record review, and interview, the facility failed to ensure residents with physician's orders for personal safety alarms had alarms in their beds as ordered for 2 of 4 residents reviewed for the use of safety alarms in a sample of 6 (Residents B and F).</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on 12/11/12 at 1:30 P.M.</p> <p>Current diagnoses included, but were not limited to, dementia, hypertension, non-insulin dependent diabetes mellitus, gastroesophageal reflux disease, dementia with delusions and agitation, fall with complaints of pain.</p> <p>A Fall Risk Assessment, dated 12/3/12, indicated Resident B was a fall risk and to proceed to the care plan.</p> <p>The December, 2012, Recapitulation of Physician Orders indicated the resident was to have a pressure sensor alarm to the</p> | | F0323 | <p>I. Alarms were placed on both Resident B and Resident F's bed and wheelchairs. Care plans and CNA assignment sheets for both residents were reviewed to ensure all indicated fall prevention interventions were in place.</p> <p>II. All residents will have new fall risk assessments completed. Care plans and interventions will be updated accordingly for all those who trigger as a fall risk. Chart audits and resident observations will be completed by the Director of Nursing Services or designee to ensure all physician orders regarding bed and chair alarms are present and being followed.</p> <p>III. Fall risk assessments will be completed at a minimum of quarterly and with significant condition changes. Care plans will be updated with all new interventions. CNA assignment sheets will also be updated with all fall interventions. All nursing staff will be re-educated on the facility's fall management program on</p> | | 01/12/2013 | |

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| | <p>bed to alert staff of unassisted rises, originally dated 1/27/11.</p> <p>A health care plan, dated 12/6/12, indicated a problem of falls. Interventions included, but were not limited to, bed alarm sensor.</p> <p>During an observation of Resident B in bed on 12/12/12 at 10:45 A.M., while he was in bed, there was no alarm present on his bed.</p> <p>During an interview with LPN #1 on 12/12/12 at 1:30 P.M., the resident was again observed, and an alarm was not in place. LPN #1 indicated she did not know where his alarm was.</p> <p>2. The record for Resident F was reviewed on 12/13/12 at 10:00 A.M.</p> <p>Diagnoses included, but were not limited to, diabetes mellitus, seizures, aphasia, hearing loss, panic disorder, thrombocytopenia, dementia, and depressive disorder.</p> <p>A Fall Risk Assessment, dated 11/28/12, indicated the resident was a fall risk and to proceed to the care plan.</p> <p>The December, 2012, Recapitulation of Physician Orders included an undated</p> | | | | <p>12/31/12. Education will be provided by the Staff Development Coordinator. All falls will be reviewed by the IDT team the following business day to ensure appropriate interventions are in place. Nurse Managers or designees will review those residents with fall interventions listed daily to ensure all interventions are in place per the plan of care.</p> <p>IV. Unit Managers or designee will complete the Fall Management Continuous Quality Improvement tool weekly for four weeks, monthly for six months and then per the normal facility CQI schedule. All areas of noncompliance will be corrected immediately upon identification. Director of Nursing Services will review the findings from the Continuous Quality Improvement tool weekly to ensure corrective action has been completed. All completed Fall Management Continuous Quality Improvement tools will be reviewed by the IDT team at the facility's monthly CQI meeting. Should the compliance rate fall below a 95% compliant threshold, systematic corrective actions will be put in place at that time.</p> | | |

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| | <p>order for a pressure alarm to bed and wheel chair at all times.</p> <p>A health care plan, dated 7/3/12, indicated a problem of falls. Interventions included, but were not limited to, pressure alarm to bed and pressure alarm to wheel chair. Both dated 3/5/12.</p> <p>During observation of Resident F on 12/12/12 at 1:00 P.M., and again 12/13/12 at 11:00 A.M., chair sensor alarm was present and working. Observation of Resident F's room and bed lacked the presence of a bed alarm.</p> <p>This federal tag relates to complaint IN00120706.</p> <p>3.1-45(a)(2)</p> | | | | | | |